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22511

7590

10/06/2006

OSHA LIANG L.L.P.  
1221 MCKINNEY STREET  
SUITE 2800  
HOUSTON, TX 77010

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

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01 501501 1400.00 OP  
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| (Depositor's name) |
| (Signature)        |
| (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/511,952      | 10/21/2004  | Kazuaki Kashiwaguma  | 12088/023001        | 8784             |

TITLE OF INVENTION: HINGE

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$300               | \$0                  | \$1700           | 01/08/2007 |

| EXAMINER     | ART UNIT | CLASS-SUBCLASS |
|--------------|----------|----------------|
| MAH, CHUCK Y | 3677     | 016-258000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

OSHA LIANG L.L.P.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sugatsune Kogyo Co., Ltd.

Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 4

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

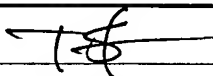
- ☐ A check is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0591 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature



Date January 5, 2007

Typed or printed name

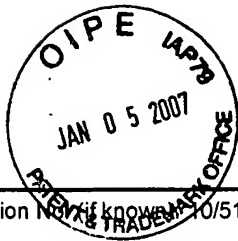
THOMAS SCHERZER

Registration No.

45,079

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Application No. 10/511,952

Attorney Docket No.: 12088/023001

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Ava R. Brown

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Transmittal Letter (2 pages)  
Fee Transmittal (1 page)  
Part B - Fee(s) Transmittal (1 page)  
Payment by credit card. Form PTO-2038 is attached (1 page)  
Charge \$1,712.00 to credit card



Docket No.: 12088/023001  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Kazuaki Kashiwaguma

Application No.: 10/511,952

Confirmation No.: 8784

Filed: October 21, 2004

Art Unit: 3677

For: HINGE

Examiner: C. Y. Mah

**TRANSMITTAL LETTER**

MS Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Fee Transmittal (1 page);
2. Part B - Fee(s) Transmittal (1 page); and
3. Certificate of Express Mailing (1 page).

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in

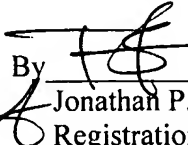
Application No.: 10/511,952

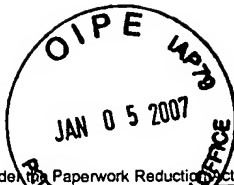
Docket No.: 12088/023001

this application by this firm) to our Deposit Account No. 50-0591, under Order No. 12088/023001.

Dated: January 5, 2007

Respectfully submitted,

By  #45,079  
Jonathan P. Osha ~~THOMAS SCHERER~~  
Registration No.: 33,986  
OSHA · LIANG LLP  
1221 McKinney St., Suite 2800  
Houston, Texas 77010  
(713) 228-8600



PTO/SB/17 (07-06)  
Approved for use through 01/31/2007. OMB 0651-0032  
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|                                                                                |  |                          |                        |              |
|--------------------------------------------------------------------------------|--|--------------------------|------------------------|--------------|
| <b>FEE TRANSMITTAL</b><br>For FY 2006                                          |  | <b>Complete if Known</b> |                        |              |
|                                                                                |  | Application Number       | 10/511,952-Conf. #8784 |              |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Filing Date              | October 21, 2004       |              |
|                                                                                |  | First Named Inventor     | Kazuaki Kashiwaguma    |              |
|                                                                                |  | Examiner Name            | C. Y. Mah              |              |
| TOTAL AMOUNT OF PAYMENT                                                        |  | Art Unit                 | 3677                   |              |
| (\$)                                                                           |  | 1,712.00                 | Attorney Docket No.    | 12088/023001 |

|                                                                                                                        |                                                                                   |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>METHOD OF PAYMENT</b> (check all that apply)                                                                        |                                                                                   |
| <input type="checkbox"/> Check                                                                                         | <input checked="" type="checkbox"/> Credit Card                                   |
| <input type="checkbox"/> Money Order                                                                                   | <input type="checkbox"/> None                                                     |
| <input type="checkbox"/> Other (please identify): _____                                                                |                                                                                   |
| <input checked="" type="checkbox"/> Deposit Account                                                                    | Deposit Account Number: 50-0591                                                   |
| Deposit Account Name: Osha · Liang LLP                                                                                 |                                                                                   |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |                                                                                   |
| <input type="checkbox"/> Charge fee(s) indicated below                                                                 | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                                |                      |                                  |                       |                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|--------------------------------|----------------------|----------------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                                |                      |                                  |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>                                                                                                                                                                                                                                                              |                     |                                                         |                                |                      |                                  |                       |                       |
|                                                                                                                                                                                                                                                                                                                   | <b>FILING FEES</b>  |                                                         | <b>SEARCH FEES</b>             |                      | <b>EXAMINATION FEES</b>          |                       |                       |
|                                                                                                                                                                                                                                                                                                                   |                     | <u>Small Entity</u>                                     |                                | <u>Small Entity</u>  |                                  | <u>Small Entity</u>   |                       |
| <u>Application Type</u>                                                                                                                                                                                                                                                                                           | <u>Fee (\$)</u>     | <u>Fee (\$)</u>                                         | <u>Fee (\$)</u>                | <u>Fee (\$)</u>      | <u>Fee (\$)</u>                  | <u>Fee (\$)</u>       | <u>Fees Paid (\$)</u> |
| Utility                                                                                                                                                                                                                                                                                                           | 300                 | 150                                                     | 500                            | 250                  | 200                              | 100                   |                       |
| Design                                                                                                                                                                                                                                                                                                            | 200                 | 100                                                     | 100                            | 50                   | 130                              | 65                    |                       |
| Plant                                                                                                                                                                                                                                                                                                             | 200                 | 100                                                     | 300                            | 150                  | 160                              | 80                    |                       |
| Reissue                                                                                                                                                                                                                                                                                                           | 300                 | 150                                                     | 500                            | 250                  | 600                              | 300                   |                       |
| Provisional                                                                                                                                                                                                                                                                                                       | 200                 | 100                                                     | 0                              | 0                    | 0                                | 0                     |                       |
| <b>2. EXCESS CLAIM FEES</b>                                                                                                                                                                                                                                                                                       |                     |                                                         |                                |                      |                                  |                       |                       |
|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                                |                      |                                  | <u>Small Entity</u>   |                       |
| <u>Fee Description</u>                                                                                                                                                                                                                                                                                            |                     |                                                         |                                |                      |                                  | <u>Fee (\$)</u>       | <u>Fee (\$)</u>       |
| Each claim over 20 (including Reissues)                                                                                                                                                                                                                                                                           |                     |                                                         |                                |                      |                                  | 50                    | 25                    |
| Each independent claim over 3 (including Reissues)                                                                                                                                                                                                                                                                |                     |                                                         |                                |                      |                                  | 200                   | 100                   |
| Multiple dependent claims                                                                                                                                                                                                                                                                                         |                     |                                                         |                                |                      |                                  | 360                   | 180                   |
| <u>Total Claims</u>                                                                                                                                                                                                                                                                                               |                     | <u>Extra Claims</u>                                     | <u>Fee (\$)</u>                | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                       |                       |
| 10                                                                                                                                                                                                                                                                                                                |                     | - 20 =                                                  | x                              | =                    | <u>Fee (\$)</u>                  |                       | <u>Fee Paid (\$)</u>  |
| HP = highest number of total claims paid for, if greater than 20.                                                                                                                                                                                                                                                 |                     |                                                         |                                |                      |                                  |                       |                       |
| <u>Indep. Claims</u>                                                                                                                                                                                                                                                                                              |                     | <u>Extra Claims</u>                                     | <u>Fee (\$)</u>                | <u>Fee Paid (\$)</u> |                                  |                       |                       |
| 3                                                                                                                                                                                                                                                                                                                 |                     | - 3 =                                                   | x                              | =                    |                                  |                       |                       |
| HP = highest number of independent claims paid for, if greater than 3.                                                                                                                                                                                                                                            |                     |                                                         |                                |                      |                                  |                       |                       |
| <b>3. APPLICATION SIZE FEE</b>                                                                                                                                                                                                                                                                                    |                     |                                                         |                                |                      |                                  |                       |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |                                                         |                                |                      |                                  |                       |                       |
| <u>Total Sheets</u>                                                                                                                                                                                                                                                                                               | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u>                | <u>Fee Paid (\$)</u> |                                  |                       |                       |
|                                                                                                                                                                                                                                                                                                                   | - 100 =             | /50                                                     | (round up to a whole number) x | =                    |                                  |                       |                       |
| <b>4. OTHER FEE(S)</b>                                                                                                                                                                                                                                                                                            |                     |                                                         |                                |                      |                                  |                       |                       |
|                                                                                                                                                                                                                                                                                                                   |                     |                                                         |                                |                      |                                  | <u>Fees Paid (\$)</u> |                       |
| Non-English Specification, \$130 fee (no small entity discount)                                                                                                                                                                                                                                                   |                     |                                                         |                                |                      |                                  |                       |                       |
| Other (e.g., late filing surcharge): 1501 Utility issue fee                                                                                                                                                                                                                                                       |                     |                                                         |                                |                      |                                  | 1,400.00              |                       |
| 1504 Publication fee for early, voluntary, or normal ...                                                                                                                                                                                                                                                          |                     |                                                         |                                |                      |                                  | 300.00                |                       |
| 8001 Printed copy of patent w/o color                                                                                                                                                                                                                                                                             |                     |                                                         |                                |                      |                                  | 12.00                 |                       |

|                     |                            |                                   |                 |
|---------------------|----------------------------|-----------------------------------|-----------------|
| <b>SUBMITTED BY</b> |                            |                                   |                 |
| Signature           | <i>[Signature]</i> #45,079 | Registration No. (Attorney/Agent) | 33,986          |
| Name (Print/Type)   | Jonathan P. Osha           | Telephone                         | (713) 228-8600  |
|                     | THOMAS SCHLAFER            | Date                              | January 5, 2007 |